MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12514 **CERTIFICATE OF DEATH** 12513

Reg. Dist. No.

1. PLACE OF DEATH
a. COUNTY: GARRETT — MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MARYLAND b. COUNTY: GARRETT

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): OAKLAND

c. LENGTH OF STAY IN 1b: 1 day

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): CRELLIN

d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: GARRETT COUNTY MEMORIAL HOSPITAL

d. STREET ADDRESS:

e. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (Type or print): First CLARENCE Middle ARCHIBALD Last BOWMAN

4. DATE OF DEATH: Month NOVEMBER Day 23 Year 19 58

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 7/9/1894

9. AGE (In years last birthday): 64 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SERVICE-MAN

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN R. BOWMAN

14. MOTHER'S MAIDEN NAME: MARGARET SHAEFER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: MRS. THOMAS FRALEY Address: CRELLIN, MARYLAND

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Pneumonia Bronchial — INTERVAL BETWEEN ONSET AND DEATH: 4 Days

DUE TO

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

(b) Bronchiectasis — 10 yrs

DUE TO

(c) Rheumatoid Arthritis — 20 yrs

526 X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 491 X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 19

20d. INJURY OCCURRED While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that I attended the deceased from 9-16 19 49 to 23 Nov 19 58 that I last saw the deceased alive on 23 Nov 19 58, and that death occurred at 3:55 PM, from the causes and on the date stated above.

ACTUAL SIGNATURE: Andrew E. Mance M.D. ADDRESS (Street, city or town, state): Oakland Md DATE SIGNED: 24 Nov 58

PHYSICIAN'S NAME (Type): ANDREW E. MANCE, M.D. OAKLAND, MARYLAND

22a. BURIAL, CREMATION, REMOVAL (Specify): Removal & Burial, 11/26/58

22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY: Terra Alta Cemetery

22d. LOCATION (City, town, or county) (State): Terra Alta, West Virginia.

23. FUNERAL DIRECTOR'S SIGNATURE: F. Wilkerson ADDRESS: Terra Alta W Va. F.D. license A 6834 Md.

24a. REC'D BY REGISTRAR DATE: NOV 28 '58

24b. REGISTRAR'S SIGNATURE: Arthur L. Hearn

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be removed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12515 **CERTIFICATE OF DEATH** 12514

Reg. Dist. No.

1. PLACE OF DEATH
a. COUNTY: Garrett — MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Maryland b. COUNTY: Garrett

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Oakland

c. LENGTH OF STAY IN 1b: 1 Month

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Rural Swanton

d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: Evans Nursing Home

d. STREET ADDRESS: 1 2 Mi. West Swanton, Md.

e. IS RESIDENCE ON A FARM? YES [X] NO [ ]

3. NAME OF DECEASED (Type or print): First Mary Middle Susan Last Davis

4. DATE OF DEATH: Month November Day 21, Year 1958

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: Oct. 10, 1870

9. AGE (In years last birthday): 88 yrs.

IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Sharpless

14. MOTHER'S MAIDEN NAME: Lucinda Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ----

17. INFORMANT: Mrs. Elva Paugh Address: Swanton, Md. R. D.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction, Acute — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes

420.1

DUE TO (b) Arteriosclerotic Cardiovascular Disease — Un Known

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 19

20d. INJURY OCCURRED While at work [ ] Not while at work [ ]

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that I attended the deceased from June, 1957 to November, 1958, that I last saw the deceased alive on November 16, 1958, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

ACTUAL SIGNATURE: Herbert H. Leighton M.D. ADDRESS (Street, city or town, state): 77 Oak Street, Oakland, Md. DATE SIGNED: 22 Nov 58

PHYSICIAN'S NAME (Type): Herbert H. Leighton, M. D. Oakland, Md.

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial

22b. DATE THEREOF: 11/24/1958

22c. NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery

22d. LOCATION (City, town, or county) (State): Garrett County, Md.

23. FUNERAL DIRECTOR'S SIGNATURE: H. G. Leighton ADDRESS: Oakland, Md.

24a. REC'D BY REGISTRAR DATE: NOV 24 '58

24b. REGISTRAR'S SIGNATURE: Chalmer L. Travis

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12516 **CERTIFICATE OF DEATH** Reg. Dist. No. 12515

1. PLACE OF DEATH
a. COUNTY: Garrett — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Oakland
c. LENGTH OF STAY IN 1b: 12 yrs.
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: Second St.

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a. STATE: Maryland b. COUNTY: Garrett
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Oakland
d. STREET ADDRESS: 1 Second St.
e. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (Type or print): First Jean Livingston Middle Englander Last
4. DATE OF DEATH: Month 11 Day 28 Year 1958

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 11/15/1921
9. AGE (In years last birthday): 37 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Lonaconing Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W. Jackson
14. MOTHER'S MAIDEN NAME: Mabel Honing Jackson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 579-32-1657
17. INFORMANT: Clinton Englander Address: Oakland Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Carcinomatosis, generalized — INTERVAL BETWEEN ONSET AND DEATH: 6 months
170 X
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma of Breast — 12 months
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month Day Year 19
20d. INJURY OCCURRED While at work ☐ Not while at work ☐
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)

21. I certify that I attended the deceased from Sept 2, 1958 to Nov. 28, 1958 that I last saw the deceased alive on Nov. 26, 1958, and that death occurred at 10 P.M. from the causes and on the date stated above.

ACTUAL SIGNATURE: Joseph Abarr M.D. ADDRESS (Street, city or town, state): 3rd St. Oakland, Md. DATE SIGNED: Dec. 3, 58
PHYSICIAN'S NAME (Type):

22a. BURIAL, CREMATION, REMOVAL (Specify): burial
22b. DATE THEREOF: 11/30/58
22c. NAME OF CEMETERY OR CREMATORY: Oakland Cemetery
22d. LOCATION (City, town, or county) (State): Oakland Md.

23. FUNERAL DIRECTOR'S SIGNATURE: Gerald N. Minnick ADDRESS: Oakland Maryland
24a. REC'D BY REGISTRAR DATE: DEC 8 '58
24b. REGISTRAR'S SIGNATURE:

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A1S (4)
1SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12517 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12516
Reg. Dist. No.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar for burial, cremation or removal.

1. PLACE OF DEATH
a. COUNTY: Garrett — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bloomington-rural
c. LENGTH OF STAY IN 1b: 3 hrs
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 2 Mi. W. of Bloomington

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: W.Va. b. COUNTY: Mineral
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Beryl 85X-3
d. STREET ADDRESS:
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First: Garland Middle: Ray Last: Feaster
4. DATE OF DEATH: Month: Nov. Day: 19 Year: 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Oct. 7, 1922
9. AGE (In years last birthday): 36 yrs. IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HRS.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Paper Mill
11. BIRTHPLACE (State or foreign country): W.Va.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Dayton A. Feaster
14. MOTHER'S MAIDEN NAME: Pearl Burgess
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. II
16. SOCIAL SECURITY NO.: 236-28-0054
17. INFORMANT Address: Mrs. Dorothy Feaster-Beryl-W.Va.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Fractured Skull — INTERVAL BETWEEN ONSET AND DEATH: Immediate
910.1
DUE TO (b): Broken Neck — IMMEDIATE
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): While pulling a log out of the woods, the log being pulled broke another tree which struck the deceased.
20c. TIME OF INJURY Hour: 9:30 o. m. A.M. Month, Day, Year: 11-19 1958
20d. INJURY OCCURRED While at work ☒ Not while at work ☐
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Farm
20f. (City or town) (County) (State): Rural Bloomington Garr., Md.

21. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

ACTUAL SIGNATURE: James H. Feaster, Jr. M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
DATE SIGNED: 11-19-58
EXAMINER'S NAME (Type): James H. Feaster, Jr., MD(ACTING)

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial
22b. DATE THEREOF: 11/22/58
22c. NAME OF CEMETERY OR CREMATORY: Philos
22d. LOCATION (City, town, or county) (State): Westernport Md.
23. FUNERAL DIRECTOR'S SIGNATURE: E. J. Boal
ADDRESS: Westernport, Md.
24a. REC'D BY REGISTRAR DATE: NOV 21 '58
24b. REGISTRAR'S SIGNATURE: Arthur S. Kruse

VS. A1SME(S)
5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12518

CERTIFICATE OF DEATH

Reg. Dist. No. 12517

1. PLACE OF DEATH
a. COUNTY: Garrett — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Oakland
c. LENGTH OF STAY IN 1b: 4 Hrs.,22 min.
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: Garret County Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Maryland
b. COUNTY: Garrett
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Friendsville
d. STREET ADDRESS: /
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First: Ethel; Middle: Lila; Last: Fox

4. DATE OF DEATH: Month: November; Day: 11; Year: 1958

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: December 25, 1893

9. AGE (In years last birthday): 64 yrs.
IF UNDER 1 YEAR: Months; Days
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Florida

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James B. Greenwood

14. MOTHER'S MAIDEN NAME: Carrie Hettler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ------

17. INFORMANT: Wilbur G. Fox — Address: Friendsville, Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiorespiratory Failure — INTERVAL BETWEEN ONSET AND DEATH: ± 5 Hrs
DUE TO
420.1
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
(b): Coronary Occlusion
DUE TO
(c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): None

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour; a. m. p. m.; Month; Day; Year 19

20d. INJURY OCCURRED: While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that I attended the deceased from Nov. 10, 1958, to Nov 11, 1958, that I last saw the deceased alive on 11/11, 1958, and that death occurred at 4:37 A.M., from the causes and on the date stated above.

ACTUAL SIGNATURE: Pedro Rivera M.D. ADDRESS (Street, city or town, state): Friendsville, Md DATE SIGNED: 11/11/58

PHYSICIAN'S NAME (Type): Dr. Pedro Rivera, M.D. Friendsville, Maryland XXXXXXXXXX

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial
22b. DATE THEREOF: 11/13/1958
22c. NAME OF CEMETERY OR CREMATORY: Blooming Rose Cemetery
22d. LOCATION (City, town, or county) (State): near Friendsville, Md.

23. FUNERAL DIRECTOR'S SIGNATURE: A. G. Leighton ADDRESS: Oakland, Md.

24a. REC'D BY REGISTRAR DATE: NOV 13 '58

24b. REGISTRAR'S SIGNATURE: Arthur L. Kraus

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled [illegible] the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 10/57

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12519

CERTIFICATE OF DEATH

12518

Reg. Dist. No.

1. PLACE OF DEATH
a. COUNTY Garrett — MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a. STATE Md
b. COUNTY ~~Garrett~~ Hill
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Barton

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland
c. LENGTH OF STAY IN 1b: 20 Mo.

d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: Evans Nursing Home
d. STREET ADDRESS

e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First Stella — Middle Ellen — Last Gentry

4. DATE OF DEATH: Month Nov. — Day 17 — Year 1958

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: April 2, 1888

9. AGE (In years last birthday): 70 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Turner

14. MOTHER'S MAIDEN NAME: Mary Blizzard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Mrs Stanley Muir-Westernport, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a): Carcinoma of Uterus — INTERVAL BETWEEN ONSET AND DEATH

174X

DUE TO

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

(b)

DUE TO

(c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Malnutrition

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Month, Day, Year, Hour, a. m. / p. m. — 19

20d. INJURY OCCURRED: While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that I attended the deceased from March 5, 1957 to Nov. 17, 1958, that I last saw the deceased alive on Nov. 12, 1958, and that death occurred at 1:20 P.M. from the causes and on the date stated above.

ACTUAL SIGNATURE: E. L. Baumgartner M.D.

ADDRESS (Street, city or town, state): 25 Alder St. Oakland Md

DATE SIGNED: 11/19/58

PHYSICIAN'S NAME (Type): E. L. BAUMGARTNER

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial

22b. DATE THEREOF: 11/20/58

22c. NAME OF CEMETERY OR CREMATORY: Philos Cem.

22d. LOCATION (City, town, or county) (State): Westernport Md.

23. FUNERAL DIRECTOR'S SIGNATURE: E. L. Boal

ADDRESS: Westernport, Md.

24a. REC'D BY REGISTRAR DATE: NOV 24 '58

24b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A1S (4)
1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12520 **CERTIFICATE OF DEATH** Reg. Dist. No. 12519

1. PLACE OF DEATH
a. COUNTY: Garrett — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Oakland
c. LENGTH OF STAY IN 1b: 2 days
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: Garrett County Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)
a. STATE: Maryland
b. COUNTY: Garrett
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Accident Rural
d. STREET ADDRESS: Rock Lodge Road 8 Mi. S. Accident
e. IS RESIDENCE ON A FARM? YES [X] NO [ ]

3. NAME OF DECEASED (Type or print): First Sarah; Middle Isabelle; Last Glotfelty

4. DATE OF DEATH: Month November; Day 11; Year 1958

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: July 18, 1875
9. AGE (In years last birthday): 83 yrs.
IF UNDER 1 YEAR / IF UNDER 24 HRS: Months; Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife,
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Truman Casteel
14. MOTHER'S MAIDEN NAME: Sidney Hamill

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ----
17. INFORMANT Address: Nathan Glotfelty, R. D. Accident, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): ACUTE CIRCULATORY FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

DUE TO (b): CARCINOMA OF SIGMOID COLON — 2

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 19
20d. INJURY OCCURRED While at work [ ] Not while at work [ ]
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)

21. I certify that I attended the deceased from Aug ____, 1958, to Nov. 11, 1958, that I last saw the deceased alive on November 11, 1958, and that death occurred at 10:35 A.M. from the causes and on the date stated above.

ACTUAL SIGNATURE: E. I. Baumgartner M.D. ADDRESS (Street, city or town, state): 35 ALDER ST - 1 DATE SIGNED: 11/11/58

PHYSICIAN'S NAME (Type): E. I. Baumgartner, M.D. Oakland, Maryland

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial
22b. DATE THEREOF: 11/14/1958
22c. NAME OF CEMETERY OR CREMATORY: Glotfelty Family Cem.
22d. LOCATION (City, town, or county) (State): near Bittinger, Garrett Co., Md.

23. FUNERAL DIRECTOR'S SIGNATURE: H. C. Leighton ADDRESS: Oakland, Md.
24a. REC'D BY REGISTRAR DATE: NOV 13 '58
24b. REGISTRAR'S SIGNATURE: Arthur L. Kraus

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12521

CERTIFICATE OF DEATH

12520

Reg. Dist. No.

1 PLACE OF DEATH a. COUNTY Garrett — MARYLAND

b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Crellin

c. LENGTH OF STAY IN 1b: 70 yrs.

d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: 1 Mi. S. Crellin, Md.

2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. STATE Maryland. b. COUNTY Garrett

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Crellin,

d. STREET ADDRESS: 1 Mi. S. Crellin

e IS RESIDENCE ON A FARM? YES [X] NO [ ]

3 NAME OF DECEASED (Type or print): First William Middle Franklin Last Graham

4 DATE OF DEATH: Month November Day 15, Year 19 58

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8 DATE OF BIRTH: Feb. 22, 1870

9 AGE (In years last birthday): 88 yrs

IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS: Hours Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b KIND OF BUSINESS OR INDUSTRY: Own Farm

11 BIRTHPLACE (State or foreign country): West Virginia

12 CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Elcane Graham

14. MOTHER'S MAIDEN NAME: Martha Kelly

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO

17 INFORMANT: Mrs. Gladys Shaffer Address: Crellin, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 177X Carcinoma Prostate Metastasis DUE TO

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 3 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19 WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)

20c TIME OF INJURY Month, Day, Year, Hour a. m. p. m. 19

20d. INJURY OCCURRED While at work [ ] Not while at work [ ]

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f (City or town) (County) (State)

21. I certify that I attended the deceased from May 19, 1947 to Nov. 15, 1958 that I last saw the deceased alive on Oct 2, 1958, and that death occurred at 2:53P M. from the causes and on the date stated above

ACTUAL SIGNATURE: Andrew E Mance MD ADDRESS (Street, city or town, state): Oakland Md. DATE SIGNED: 11 Nov 58

PHYSICIAN'S NAME (Type): Andrew E. Mance, M. D. Oakland, Md.

22a BURIAL, CREMATION, REMOVAL (Specify): Burial

22b. DATE THEREOF: 11/18/1958

22c NAME OF CEMETERY OR CREMATORY: Oakland Cemetery

22d. LOCATION (City, town, or county) (State): Oakland, Maryland.

23 FUNERAL DIRECTOR'S SIGNATURE: H C Keiser ADDRESS: Oakland, Md.

24a. REC'D BY REGISTRAR DATE: NOV 19 '58

24b REGISTRAR'S SIGNATURE: Arthur L. Kraus

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A1S (4) 1SM 10/57

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12522

CERTIFICATE OF DEATH

12521

Reg. Dist. No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/55

1. PLACE OF DEATH a. COUNTY [illegible] MARYLAND				2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) a. STATE [illegible] b. COUNTY [illegible]							
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible]		c LENGTH OF STAY IN 1b [illegible]		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X [illegible]							
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d STREET ADDRESS /					e. IS RESIDENCE ON A FARM? YES ☐ NO ☒		
3 NAME OF DECEASED (Type or print)	First JOHN	Middle W.	Last HANFT	4. DATE OF DEATH	Month Nov.	Day 5	Year 19[illegible]8				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH Sept. 18, 188[illegible]	9. AGE (In years last birthday) 7[illegible] yrs	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]		10b KIND OF BUSINESS OR INDUSTRY [illegible]		11. BIRTHPLACE (State or foreign country) Carroll Co., Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13. FATHER'S NAME Charles L Hanft				14. MOTHER'S MAIDEN NAME Margaret Swartz							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) — (If yes, give war or dates of service) —		16. SOCIAL SECURITY NO. 218-07-4438		17. INFORMANT [illegible] NF, Grantsville, Md.							

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: DOA

443X

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO (b) Hypertensive cardiovascular disease — 10 yrs.

DUE TO (c)

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) — 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)				
20c. TIME OF INJURY Hour o. m p. m Month, Day, Year 19	20d INJURY OCCURRED While at work ☐ Not while at work ☐	20e. PLACE OF INJURY (Home, farm factory, street, office bldg., etc.)	20f (City or town)	(County)	(State)

21. I certify that I attended the deceased from October, 1955, to Nov. 5, 1958, that I last saw the deceased alive on Nov. 5, 1958, and that death occurred at 2:30 P.M., from the causes and on the date stated above

ACTUAL SIGNATURE G. Paige Strong M.D. — ADDRESS (Street, city or town, state) Grantsville, Md. — DATE SIGNED Nov. 7, 1958

PHYSICIAN'S NAME (Type) [illegible]

22a BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF 11/[illegible]/58	22c. NAME OF CEMETERY OR CREMATORY [illegible]ntsville,	22d. LOCATION (City, town, or county) [illegible] (State)

23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGISTRAR DATE NOV 10 '58	24b. REGISTRAR'S SIGNATURE
Ken J Newman	[illegible]ntsville, Md.		Custus L Kruse

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12523 **CERTIFICATE OF DEATH** Reg. Dist. No. 12522

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A1S (4)
1SM 9/SS

1. PLACE OF DEATH a. COUNTY [illegible] MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE [illegible] b. COUNTY [illegible]
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural Lonaconing	c. LENGTH OF STAY IN 1b life
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) x Rural Lonaconi [illegible]	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS / e. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (Type or print)	First TIMOTHY	Middle BRYAN	Last KAMP	4. DATE OF DEATH	Month NOV	Day 27	Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8 DATE OF BIRTH July 9, 1958	9. AGE (In years last birthday) yrs.	IF UNDER 1 YEAR Months 4 Days 14	IF UNDER 24 HRS Hours	Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Frostburg, Maryl[illegible]	12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Joseph Donald Kamp	14. MOTHER'S MAIDEN NAME Joan [illegible]

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. [illegible]	17 INFORMANT Address	Mrs. Don Kamp, Rural Lo[illegible]

MEDICAL CERTIFICATION

18 CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Amyotonia Congenita — INTERVAL BETWEEN ONSET AND DEATH 4 mo.

DUE TO (b) TUH

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Pharyngitis, Acute; Bronchitis, Acute — 19 WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)				
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 19	20d. INJURY OCCURRED While at work ☐ Not while at work ☐	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f (City or town)	(County)	(State)

21. I certify that I attended the deceased from Nov 21, 1958, to _____, 19____, that I last saw the deceased alive on Nov 21, 1958, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

ACTUAL SIGNATURE R.A. Reitz M.D. ADDRESS (Street, city or town, state) 112 Bedford St, Cumberland, Md. DATE SIGNED 11/23/58

PHYSICIAN'S NAME (Type) R. A. Reitz [illegible] 112 Bedford St, Cumberland [illegible]

22a BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF [illegible]	22c. NAME OF CEMETERY OR CREMATORY [illegible]	22d LOCATION (City, town, or county)	(State)
			Wilton, Garrett Co.	

23. FUNERAL DIRECTOR'S SIGNATURE Don J Newman	ADDRESS Grantsville, Md.	24a. REC'D BY REGISTRAR DATE NOV 25 '58	24b REGISTRAR'S SIGNATURE Arthur L. Kness	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12524

CERTIFICATE OF DEATH

12523
Reg. Dist. No.

1. PLACE OF DEATH
a. COUNTY: GARRETT — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): OAKLAND
c. LENGTH OF STAY IN 1b: TWO HOURS
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)
a. STATE: MARYLAND — b. COUNTY: GARRETT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X OAKLAND
d. STREET ADDRESS: /
e. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (Type or print): First: M A M — Middle: BABY GIRL — Last: KITZMILLER

4. DATE OF DEATH: Month: NOVEMBER — Day: 29, — Year: 19 50

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: NOV. 29, 1958

9. AGE (In years last birthday) yrs — IF UNDER 1 YEAR: Months — Days — Hours: 2. — Min — IF UNDER 24 HRS

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NEWBORN INFANT

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ROBERT CARL KITZMILLER

14. MOTHER'S MAIDEN NAME: SHIRLEY JEAN YODER

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO:

17. INFORMANT — Address: ROBERT KITZMILLER, OAKLAND, MARYLAND

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs
DUE TO
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
(b)
DUE TO
(c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour o. m. p. m. Month, Day, Year 19

20d. INJURY OCCURRED While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that I attended the deceased from Nov. 29, 19 58 to Nov. 29, 19 50 that I last saw the deceased alive on November 29, 19 50, and that death occurred at 11:30 P.M. from the causes and on the date stated above.

ACTUAL SIGNATURE: Herbert H. Leighton M.D. — ADDRESS (Street, city or town, state): 77 Oak St. Oakland Md. — DATE SIGNED: Dec 58

PHYSICIAN'S NAME (Type): HERBERT LEIGHTON, M.D. — OAKLAND, MARYLAND — NOVEMBER, 1950

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial

22b. DATE THEREOF: 12/1/58

22c. NAME OF CEMETERY OR CREMATORY: Oakland Cemetery

22d. LOCATION (City, town or county) (State): Oakland Md.

23. FUNERAL DIRECTOR'S SIGNATURE: Gerald N. O'Donnell — ADDRESS: Oakland Md.

24a. REC'D BY REGISTRAR — DATE: DEC 8 '58

24b. REGISTRAR'S SIGNATURE: [illegible]

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then place remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 10/57

21 7 2 2 0 1 X V O

MARYLAND DEPARTMENT OF HEALTH—BALTIMORE, 18

12525

CERTIFICATE OF DEATH

12524

Reg. Dist. No.

1. PLACE OF DEATH
a. COUNTY: GARRETT — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): OAKLAND
c. LENGTH OF STAY IN 1b: 45 MINUTES
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MARYLAND
b. COUNTY: GARRETT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): OAKLAND
d. STREET ADDRESS:
e. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (Type or print): First "B" Middle BABY GIRL Last KITZMILLER

4. DATE OF DEATH: Month NOVEMBER Day 29, Year 1958

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: NOV. 29, 1958

9. AGE (In years last birthday) yrs — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NEWBORN INFANT

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ROBERT CARL KITZMILLER

14. MOTHER'S MAIDEN NAME: SHIRLEY JEAN YODER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: ROBERT KITZMILLER, OAKLAND, MARYLAND

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Immediately — INTERVAL BETWEEN ONSET AND DEATH: 45 min.
DUE TO (b):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour o. m. p. m. Month, Day, Year 19

20d. INJURY OCCURRED While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f (City or town) (County) (State)

21. I certify that I attended the deceased from Nov. 29, 1958, to Nov. 29, 1958 that I last saw the deceased alive on Nov. 29, 1958, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

ACTUAL SIGNATURE: Robert H. Leighton M.D. — ADDRESS (Street, city or town, state): 77 Oak St, Oakland, Md. — DATE SIGNED: Dec 8 58

PHYSICIAN'S NAME (Type): HERBERT LEIGHTON, M.D. — OAKLAND, MARYLAND — NOVEMBER, 1958

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial

22b. DATE THEREOF: 12/1/58

22c. NAME OF CEMETERY OR CREMATORY: Oakland Cemetery

22d. LOCATION (City, town, or county) (State): Oakland Md.

23. FUNERAL DIRECTOR'S SIGNATURE: Gerald R. Minnich — ADDRESS: Oakland Md

24a. REC'D BY REGISTRAR DATE: DEC 8 '58

24b. REGISTRAR'S SIGNATURE: [illegible]

2270202XVD

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that this death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then pleote remove carbon papers. Pages 1 and should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 9 Filed 12-24-58 et

12526

CERTIFICATE OF DEATH

12525

Reg. Dist. No. .. ..

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VII A15C 1-55 10M

1. PLACE OF DEATH

COUNTY: GARRETT — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Friendsville

LENGTH OF STAY (in this place): 10 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Md — COUNTY: Garrett

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Friendsville Md

STREET ADDRESS (If rural give location): Glen Delwyn

3. NAME OF DECEASED (Type or Print): (First) MARTHA- (Middle) - (Last) SALZMANN

4. DATE OF DEATH: (Month) Nov (Day) 11 (Year) 1958

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
F	White	Widow	May-6-1883	75 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Keeper	Home	Md	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Not Known - None	Amanda Umbel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
	None	George Fike Hazelton W.va

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A): Cardiorespiratory Failure

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B): Coronary Occlusion

DUE TO (C): Angina Pectoris

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: NONE

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/8/58, 1958, to 11/10, 1958, that I last saw the deceased alive on 11/10/58, 1958, and that death occurred at 6 A M, from the causes and on the date stated above.

SIGNATURE Pedro Rivera M.D. — **ADDRESS** (Street, city, town, state) Friendsville, Md. — **DATE SIGNED** 11-11-58

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-14-58	Hebbs Chapel Cem	Hazelton W.va

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE NOV 17 '58	Chelsea S. Krouse	A.H. Rodaheaver	Markleysburg Pa.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12527

12526

CERTIFICATE OF DEATH

Reg. Dist. No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled [illegible] the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 [illegible] should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 10/57

1. PLACE OF DEATH a. COUNTY: GARRETT — MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) a. STATE: MARYLAND — b. COUNTY: GARRETT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): OAKLAND c. LENGTH OF STAY IN 1b: 2 mos.-24 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): RURAL - OAKLAND
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: GARRETT COUNTY MEMORIAL HOSPITAL d. STREET ADDRESS: /	e. IS RESIDENCE ON A FARM? YES ☐ NO ☒
3. NAME OF DECEASED (Type or print): First ENZIE — Middle — Last SAUCER 4. DATE OF DEATH: Month NOVEMBER — Day 20, — Year 1958	
5. SEX: F 6. COLOR OR RACE: W 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ 8. DATE OF BIRTH: APRIL 16,1896 9. AGE (In years last birthday): 62 yrs IF UNDER 1 YEAR: Months — Days IF UNDER 24 HRS: Hours — Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HWFE. 10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME 11. BIRTHPLACE (State or foreign country): WEST VIRGINIA 12. CITIZEN OF WHAT COUNTRY?: U.S.A.	
13. FATHER'S NAME: JOHN BAKER 14. MOTHER'S MAIDEN NAME: CATHERINE PERRY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no 16. SOCIAL SECURITY NO. 17. INFORMANT: SELF — Address: GEN. DEL.-OAKLAND, MD.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): BRAIN TUMOR — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

237x

DUE TO (b):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m. — Month, Day, Year 19 — 20d. INJURY OCCURRED: While at work ☐ Not while at work ☐ — 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — 20f. (City or town) (County) (State)

21. I certify that I attended the deceased from Aug. 27, 1958 to Nov 20, 1958, that I last saw the deceased alive on Nov 20, 1958, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

ACTUAL SIGNATURE: E. J. Baumgartner M.D. — ADDRESS (Street, city or town, state): 25 ADER ST — DATE SIGNED: 11/20/58

PHYSICIAN'S NAME (Type): E.J. BAUMGARTNER — OAKLAND MD

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial	22b. DATE THEREOF: 11/23/1958	22c. NAME OF CEMETERY OR CREMATORY: Oakland Cemetery	22d. LOCATION (City, town, or county) (State): Oakland, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE: H.G. Leighton	ADDRESS: Oakland, Md.	24a. REC'D BY REGISTRAR DATE: NOV 24 '58	24b. REGISTRAR'S SIGNATURE: Arthur S. Krauss	

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12527

12528 # CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH

COUNTY Garrett — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Friendsville

LENGTH OF STAY (in this place) all of Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md COUNTY Garrett

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Friendsville Md

STREET ADDRESS (If rural give location) Gen-Del.

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) Y. (Last) Savage

4. DATE OF DEATH (Month) Nov (Day) 22 (Year) 19 58

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	White	married	Apr 17 1892	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home wife	Home work	Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Grant Savage	Almira Friend

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		No	Mrs June Thomas - Friendsville Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

159X IMMEDIATE CAUSE (A) Cardiorespiratory Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Carcinoma of the Lower G.I. Tract

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/21, 19 58, to 11/22, 19 58, that I last saw the deceased alive on 11/22, 19 58, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

SIGNATURE Pedro Rivera M.D. ADDRESS (Street, city, town, state) Friendsville, Md. DATE SIGNED 11-23-58

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-25-58	Sand Spring Cem.	Friendsville Md

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE NOV 28 '58		H.H. Rodaheaver	Markleysburg Pa

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12529

CERTIFICATE OF DEATH

12528

Reg. Dist. No.

1. PLACE OF DEATH
a. COUNTY: GARRETT — MARYLAND

2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)
a. STATE: MARYLAND b. COUNTY: GARRETT

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): OAKLAND

c. LENGTH OF STAY IN 1b: 37 days

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): MT. LAKE PARK

d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: GARRETT COUNTY MEMORIAL HOSPITAL

d. STREET ADDRESS: /

e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First: ELLA CLARINDA Middle: Last: SISK

4. DATE OF DEATH: Month: NOVEMBER Day: 20 Year: 1958

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: November 15, 1882

9. AGE (In years last birthday): 72 yrs.

IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HRS: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JOHN ~~XXX~~ HUNT

14. MOTHER'S MAIDEN NAME: FRANCES HOGUE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO: ---

17. INFORMANT: NELL O. CALLIS Address: Mt. Lake Park, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Acute Anemia — INTERVAL BETWEEN ONSET AND DEATH: 2 years
DUE TO
422.1
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
(b) Arteriosclerosis — 10 yrs.
DUE TO
(c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour: o. m. p. m. Month: Day: Year: 19

20d. INJURY OCCURRED While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that I attended the deceased from 5/41, 19 58 to 11/20/, 19 58 that I last saw the deceased alive on 11/20, 19 58, and that death occurred at 4:15A M, from the causes and on the date stated above.

ACTUAL SIGNATURE: Andrew E Vance M.D. ADDRESS (Street, city or town, state): Oakland Md DATE SIGNED: 20 Nov 58

PHYSICIAN'S NAME (Type): Dr. Andrew E. Vance, D. Oakland, Md.

22a. BURIAL CREMATION, REMOVAL (Specify): Burial

22b. DATE THEREOF: 11/22/1958

22c. NAME OF CEMETERY OR CREMATORY: Oakland Cemetery

22d. LOCATION (City, town, or county) (State): Oakland, Maryland.

23. FUNERAL DIRECTOR'S SIGNATURE: T. C. Leighton ADDRESS: Oakland, Md.

24a. REC'D BY REGISTRAR DATE: NOV 24 '58

24b. REGISTRAR'S SIGNATURE: Arthur S. Krause

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be removed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1253 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12529
Reg. Dist. No.

1. PLACE OF DEATH
a. COUNTY Garrett
MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Maryland b. COUNTY Garrett

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland,

c. LENGTH OF STAY IN 1b 1 day

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural Swanton

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Garrett County Memorial Hospital

d. STREET ADDRESS 7 Mi. S. E. Swanton, Md.

e. IS RESIDENCE ON A FARM? YES ☒ NO ☐

3. NAME OF DECEASED (Type or print) First John Middle William Last TASKER

4. DATE OF DEATH Month November Day 2, Year 1958

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH May 26, 1888

9. AGE (In years last birthday) 70 yrs.

IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Coal Miner

10b. KIND OF BUSINESS OR INDUSTRY Soft Coal Mines

11. BIRTHPLACE (State or foreign country) Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Richard Tasker

14. MOTHER'S MAIDEN NAME Amy Paugh

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-32-3345

17. INFORMANT Mrs. Helen Harvey Address Kitzmiller, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Intercranial hemorrhage	24 hrs.
DUE TO (b)	Cereberal vascular accident	24 hrs.
DUE TO (c)	Hypertension	years

331X

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Obesity

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)

20c. TIME OF INJURY Hour o. m. p. m. Month, Day, Year 19

20d. INJURY OCCURRED While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

ACTUAL SIGNATURE James H. Feaster Jr. M.D. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒

DATE SIGNED 11-2-58

EXAMINER'S NAME (Type) James H. Feaster, Jr., M. D. (ACTING)

22a. BURIAL, CREMATION, REMOVAL (Specify) Burial

22b. DATE THEREOF 11/5/1958

22c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery

22d. LOCATION (City, town, or county) (State) Garrett Co., Md.

23. FUNERAL DIRECTOR'S SIGNATURE H. C. Leighton

ADDRESS Oakland, Md.

24a. REC'D BY REGISTRAR DATE NOV 5 '58

24b. REGISTRAR'S SIGNATURE Arthur S. Kraus

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files or to burial, cremation or removal.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar.

VS. A15ME(5)
5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12531

CERTIFICATE OF DEATH

12530

Reg. Dist. No.

1. PLACE OF DEATH
a. COUNTY: GARRETT — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): FRIENDSVILLE
c. LENGTH OF STAY IN 1b: 8 YRS.
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: NONE

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE: MD
b. COUNTY: GARRETT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X FRIENDSVILLE MD
d. STREET ADDRESS: GEN-DEN
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First: George — Middle: B — Last: THOMAS

4. DATE OF DEATH: Month: NOV — Day: 27 — Year: 1958

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 3-20 1882

9. AGE (In years last birthday): 76 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FIRE MAN

10b. KIND OF BUSINESS OR INDUSTRY: MINING

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ELIJAH THOMAS

14. MOTHER'S MAIDEN NAME: BERTHA MYERS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT (Address): Ross Jackies - Markleysburg Pa

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiorespiratory failure — INTERVAL BETWEEN ONSET AND DEATH
153.9
DUE TO
(b): G. I. Hemorrhage
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO
(c): Prostate CA ? Bowel

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. / p. m. — Month, Day, Year 19

20d. INJURY OCCURRED: While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that I attended the deceased from Nov. 26, 1958, to ——, 19——, that I last saw the deceased alive on Nov. 26, 1958, and that death occurred at 3 A M, from the causes and on the date stated above.

ACTUAL SIGNATURE: Pedro Rivera M.D.
ADDRESS (Street, city or town, state): Friendsville, Md.
DATE SIGNED: 11/28/58

PHYSICIAN'S NAME (Type): Pedro RIVERA

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial
22b. DATE THEREOF: Nov 30 58
22c. NAME OF CEMETERY OR CREMATORY: Asher Glade Cem.
22d. LOCATION (City, town, or county) (State): Friendsville Md

23. FUNERAL DIRECTOR'S SIGNATURE: H. H. Rodaheaver
ADDRESS: Markleysburg Pa

24a. REC'D BY REGISTRAR
DATE: DEC 2 '58

24b. REGISTRAR'S SIGNATURE: Arthur S. Krauss

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A1S (4)
15M 9/55